



MOTOR VEHICLE / VESSEL RECORD DISCLOSURE REQUEST APPLICATION

REQUESTOR INFORMATION

NAME (PLEASE PRINT COMPANY AND/OR INDIVIDUAL NAME)		DATE OF REQUEST	PHONE NUMBER ()
MAILING ADDRESS (NUMBER AND STREET)	CITY	STATE ZIP CODE	FAX NUMBER ()

1. TYPE OF INFORMATION OR SPECIFIC RECORD(S) REQUESTED

(Not all vehicle/vessel information may be available for every request. State and/or Federal law may restrict the release of some information.)

If the request is for a specific motor vehicle / vessel, please indicate:

PLATE / REGISTRATION NUMBER _____ VIN / HIN NUMBER _____

2. Explain in detail the reason(s) for which the information is requested and how it will be used. (Use additional sheets if necessary.)

3. Will personal information be provided to others? ☐ NO ☐ YES (If YES explain)

4. Will owner(s) of record be contacted? ☐ NO ☐ YES (If YES explain how and why)

THE REQUESTER IS: (Mark all that apply and attach appropriate documentation.)

- | | |
|---|---|
| <input type="checkbox"/> An attorney (attach copy of business license or bar card number) | <input type="checkbox"/> A private investigator (attach copy of Private Detective license) |
| <input type="checkbox"/> A business entity (refer to reverse for appropriate documents) | <input type="checkbox"/> A non-profit organization (refer to reverse for appropriate documents) |
| <input type="checkbox"/> A commercial parking company (same as for business entity) | <input type="checkbox"/> An individual (refer to reverse for appropriate documents) |
| <input type="checkbox"/> A government agency | |

For Official Use Only

Application received _____ DATE	Reviewed by _____ NAME	On _____ DATE
ACTION TAKEN <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED (See attached letter)		

The Department of Licensing has a policy of providing equal access to its services.

APPROPRIATE DOCUMENTATION TO ATTACH TO REQUEST.

A business entity - Must provide a copy of the unexpired Washington Registrations and Licenses document (Master Business License), or City or County Business License.

For businesses outside this state - Must provide a copy of the unexpired business license issued by the out-of-state jurisdiction where the business entity is authorized to do business or the business UBI number or Federal Tax ID number.

A non-profit organization - Must provide a copy of the Articles of Incorporation, filed with the Secretary of State, or a copy of Tax Exempt Status from the Internal Revenue Service [501(c)(3)].

An individual - To avoid unauthorized disclosure of information:

- (a) An individual who appears in person to request a copy of his/her motor vehicle/vessel record shall provide proof of identity (a document containing an official photograph and indicating the requester's name), and a completed and signed request form.
- (b) An individual who mails a request for his/her own motor vehicle/vessel record shall supply a notarized copy of the request form.
- (c) An individual who appears in person requesting another person's motor vehicle/vessel record(s) shall provide: Proof of identity; a completed and signed request form.
- (d) An individual requesting another person's motor vehicle/vessel record(s) by mail shall provide: a notarized copy of the request form.
- (e) An individual acting as the parent of a minor or the legal guardian of the individual to whom a motor vehicle/vessel record pertains shall provide a notarized copy of the request form. A parent or legal guardian may act only for a living individual, not for a decedent.

Agreement to protect information and lists of individuals from use for a commercial purpose

Except as provided for in 18 USC Sec. 2721 (DPPA), RCW 46.12.370, 46.12.380 and WAC 308-93-087 I hereby agree that the information provided me by the Department of Licensing shall not be divulged to any third party, shall not be used for commercial purpose by any other individual or organization I represent and that I will protect the information from access by anyone who may use it for purposes of contacting the individuals named therein or otherwise personally affecting them in the furtherance of any profit-seeking activity.

If signing on behalf of another person, enter: _____
NAME OF WARD OR MINOR CHILD RELATIONSHIP

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

REQUESTER'S SIGNATURE

DATE

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	
	Title _____	AND: County / Office No. OR _____
	Notary / Agent	Notary Expiration Date _____

PLEASE MAIL OR FAX COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO:

**DEPARTMENT OF LICENSING
ATTN PUBLIC DISCLOSURE
PO BOX 2957
OLYMPIA WA 98507-2957**

**FAX # (360) 902-3827
ATTN PUBLIC DISCLOSURE**